

## **COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

### **TYPE OF DECLARATION**

This declaration is for a utility patent application.

### **INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if two or more names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

### **TITLE OF INVENTION**

**METHOD FOR THE DETERMINATION OF AT LEAST ONE  
FUNCTIONAL POLYMORPHISM IN THE NUCLEOTIDE SEQUENCE  
OF A PRESELECTED CANDIDATE GENE AND ITS APPLICATIONS**

### **SPECIFICATION IDENTIFICATION**

The specification

☒ is attached hereto.  
☐ was filed on \_\_\_\_\_ and has U.S. Application Number \_\_\_\_\_  
and was amended on \_\_\_\_\_.

### **ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56.

**PRIORITY**

The present application claims the benefit under 35 U.S.C. §119(e) of Prior U.S. Provisional Applications:

**Provisional Application Serial Number**

**Filing Date**

The present application claims the benefit under 35 U.S.C. §120 of the following Applications:

**Application Serial Number**  
FR 0015838

**Filing Date**  
December 6, 2000

**Status**  
pending

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**POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**APPOINTED PRACTITIONER(S)**

Brian L. Michaelis, Reg. No. 34,221  
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All of Brown, Rudnick, Freed & Gesmer, One Financial Center, Boston, MA 02111; and

**SEND CORRESPONDENCE TO**

Mark A. Hofer  
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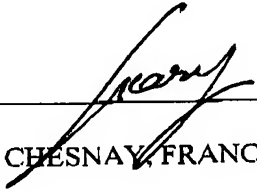
**DIRECT TELEPHONE CALLS TO:**

Mark A. Hofer  
Phone: 617-856-8327  
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**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)****Inventor:** Jean-Louis Escary**Inventor's signature:** **Date**

12/6/01.

**Country of Citizenship:** France**Residence:** 4, rue Moxouris 78150 LE CHESNAY, FRANCE**Post Office Address:** Same as above

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